

A Bitter Pill to Swallow

The Oral Contraceptives Betrayal

Women have achieved greater sexual freedom at terrible cost to their health and well-being.

Contrary to the advice of drug companies and doctors, the Pill has grave side-effects, including cancer, heart disease and stroke.

Part 1

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A revolution was about to begin when the birth control Pill arrived on the scene in 1960. It heralded an era that would emancipate fertile women from the burden of unwanted pregnancies, thus opening the door to greater equality and freedom. For the past 37 years, about 200 million women around the world have chosen the Pill as their preferred method of contraception. This 'medical miracle' has enlisted almost 90 per cent of Western women of reproductive age on some kind of contraceptive at some time in their lives.

The choices of the steroid hormone contraceptive have now expanded to include the combined Pill and the low-dose Pill, made with oestrogen and synthetic progesterone, i.e., progestin, or the mini-Pill, implant and injection, made only with progestin.

The Pill has been proclaimed as one of the most studied drugs in history. After three decades of experimentation (unfortunately, on unsuspecting Pill-users) we are told that safe dosages are, at last, finally known. However, as the thin veneer of advertising hype, pharmaceutical cover-ups and sanitised clinical trials is peeled away, another picture emerges revealing the devastating consequences to women's health and well-being from the use of steroid hormones found in the Pill, as well as in hormone replacement therapy (HRT) which uses the same steroid drugs.

Far from being safe and risk-free, it is now being recognised that these steroid hormones are actually dangerous and potentially life-threatening drugs that cause grave harm to women. The sexual freedom that women have fought so hard to attain has been won at a terrible price. In fact, with hindsight, it will very likely be recorded in history that the widespread prescribing of synthetic hormones to women was the biggest medical bungle in history. Most women taking the contraceptive pill (or, for that matter, HRT) have very little idea about the hormones they are putting into their bodies; nor are they knowledgeable about the potential side-effects. A soaring incidence of breast and cervical cancers as well as strokes, cardiovascular disease, blood clots, impaired immunity, infertility and major nutritional imbalances are only some of the conditions undeniably linked to these hormones.

THE PILL'S HIDDEN AGENDA

In the 1950s, the spectre of a world doomed by overpopulation was alarming scientists and governments in the industrialised West. Thus began a frantic rush to control populations. This coincided with the discovery of a relatively inexpensive process for making synthetic oestrogen and progesterone that could be used as contraceptives, known as the combined Pill.

Even though as early as 1932 it was known that oestrogen and progestin could cause cancer of the breast, womb, ovaries and pituitary glands in animal experiments, the Pill was believed to be an effective solution to the overpopulation crisis. Plans for manufacturing sex hormones were well underway and the required clinical trials were initiated.

Nobel laureate Frederick Robbins expressed the prevailing attitude of the time when he addressed a meeting of the American Association of Medical Colleges, stating that "the dangers of the overpopulation are so great that we may have to use certain techniques of conception control that may entail considerable risk to the individual woman".

And considerable risks they did contain. Enovid, the first oral contraceptive, was given a clean bill of health by the US Food & Drug Administration (FDA) in 1960 on the basis of clinical studies which involved only 132 Puerto Rican women who had taken the Pill for a year or longer. Five women died during the study, but no effort was made to deter-

mine the cause of their deaths. Not surprisingly, the initial trials were flawed and inadequate.¹ The fact that there was no evidence that the product was safe did not seem to be a cause of great concern to the researchers. In spite of what should have been a serious warning, the Pill was promoted with all the enthusiasm that the pharmaceutical companies could muster.

Although it was known early on that the Pill caused blood clots, it wasn't until the mid-1970s that the death toll for young women from heart attacks and strokes began to get public attention. The prophetic warnings from some doctors—that the widespread rise in use of oral contraceptives would create health hazards on a scale previously unknown in medicine—were coming true.

Dr Ellen Grant, an early researcher into the harmful effects of the Pill and author of *The Bitter Pill* and *Sexual Chemistry*, said way back in the 1960s that she was shocked when synthetic hormones were not withdrawn from the market due to their then known, serious side-effects. Statistics have confirmed that the early Pill users were up to 11 times more likely to have thromboembolisms.²

In effect, there are presently about 60 million women 'trailing' the Pill around the world. It is evident that the early reassurances by governments and pharmaceutical companies were lies. A recent study for the Inspector General's Office of the US Department of Health and Human Services disclosed that more than 70 per cent of oral contraceptive advertising to doctors is "misleading or unbalanced"—making contraceptives the most "deceptively advertised" category of prescription drug, with antibiotics in second place.³

While the Pill in its many forms has been accepted successfully into the lifestyles of millions of women, the fact remains that the long-term effects from artificially altering a woman's hormonal and reproductive life bode ill for the health not only of the women themselves but also of future generations. Dr David Clark, a neurologist with the University of Kentucky School of Medicine, expressed the truth when he said that, "The Pill allows experiments on the general population that would never be allowed as a planned experiment."⁴ How generous of women to be donating their bodies to medical science, even if no informed consent has ever been given.

By 1975, the devastating effects from young Pill-takers dying from blood clots and heart attacks caused public outrage. The ensuing pressure from consumer groups convinced the FDA Commissioner to propose that oral contraceptives be accompanied by package inserts: full-length comprehensive warnings about possible side-effects of the recommended dosage. It was expected that there would be opposition from the manufacturers. What was not anticipated, however, were the heated attacks from the American Medical Association and the American College of Obstetricians and Gynecologists. It seemed that if the medical profession, not wanting to trigger undue alarm among patients, wasn't fully informing women of the risks, then nothing else should either.

With almost four decades of knowledge of the many side-effects of the Pill, there are still few doctors who adequately warn their patients of the many risks and potentially serious problems associated with taking the Pill. In 1995 Professor John Guillebaud, a noted English expert on family planning, wrote,

"Although not risk-free, the Pill's benefits far outweigh its risks. Another way of saying this is that the Pill is safe—but some women are dangerous."⁵

Such double-speak lulls doctors and women into a false sense of security, assuring them that the newer generations of oral contraceptives are now perfectly safe. Unfortunately, nothing could be further from the truth.

HOW THE PILL WORKS

Hormones are very powerful substances. Begin tampering with Nature's finely tuned messengers of life's processes and you are asking for trouble. This is especially true for women. A woman's psyche is intimately connected to her monthly flow of hormones.

Hormones not only direct and determine physiological processes but also influence emotional and psychological states. Besides controlling sexual development and function, hormones also help to control growth and muscle building, and regulate the digestive system, blood sugar levels, blood pressure and fluid balance.

Hormones also hold the key to subjective feelings and changes in blood chemistry associated with stress. Hormonal imbalances not only create myriad health problems and diseases but can also undermine self-esteem, the sense of well-being, emotional balance and mental acuity.

The two main hormones in a woman's body are oestrogen and progesterone. Nature has choreographed

these two hormones to work together with exquisite timing and balance. Oestrogen, which is produced in the first half of a cycle, is responsible for the sexual development of females: the growth of breasts, the development of the reproductive system and the shape of the female body. It also stimulates the growth of cells preparing the endometrial lining for fertilisation each month. The target organs of the breast, uterus and ovaries as well as the skin are particularly sensitive to oestrogen.

Progesterone halts oestrogen's effect of rapid cell growth. It also develops the proliferative lining of the uterus, ensuring the implantation of a fertilised egg (it is the progestation hormone). Progesterone is known as the mother of all hormones since oestrogen (which is really made up of three kinds: oestradiol, oestrone and oestriol) and testosterone are all made from it. Progesterone is not only a sex hormone; it is also intricately involved in maintaining many other vital physiological functions.

In 1836, a surgeon named Cooper published his observation that the stage of the menstrual cycle influenced the speed of growth and division of breast cancer cells. They proliferated more rapidly in the early part of the cycle when ovaries are secreting oestrogen. By 1896 the *Lancet* reported the experiments of Beatson who removed the ovaries of women with breast cancer, causing their advanced disease to go into remission. At the same time it was discovered that the secretions of the yellow cyst in the ovary prevented the release of any more eggs once a pregnancy had started. This gave rise to the idea that oestrogen and progesterone could be used as a contraceptive.⁶

By 1932 it was known that oestrogens and progestins could cause cancer of the breast, womb, ovaries and pituitary gland in experimental animals, but the plans for manufacturing sex hormones were well underway.

The body's own internal hormones are endogenous, while those

"The Pill allows experiments on the general population that would never be allowed as a planned experiment."

**— Dr David Clark, neurologist,
University of Kentucky School of Medicine**

from outside, eaten in food or prescribed as medication, are exogenous. Most oestrogens, whether natural and endogenous or synthetic and exogenous, like Premarin, still act exactly like oestrogens, have the same action and attach themselves to oestrogen receptors. All exogenous hormones tend to cause biochemical stress.⁷

When a woman is pregnant, levels of oestrogen and progesterone rise and further egg production is stopped. The hormones levels continue to rise during pregnancy, signalling the brain to stop secreting its egg-stimulating hormones. The contraceptive Pill hormones mimic this effect and continually dupe the brain into thinking that pregnancy has occurred, thus suppressing ovulation.

Present-day oral contraceptives are made up of varying doses of oestrogen-progestin formulations (the combination Pill) or progestin-only products (the mini-Pill or implants such as Depo-Provera).

The Pill literally stops menstruation. Bleeding only occurs each month because the synthetic hormones are not taken for seven days of the cycle. The bleeding that occurs would be more accurately termed "withdrawal bleeding", not menstruation. In fact, there is nothing natural about taking the Pill. The action of the Pill actually 'castrates' a woman by stopping her natural reproductive cycle, sometimes permanently damaging her ovaries and even causing infertility. To varying degrees the various formulations of the Pill signal the brain to suppress ovulation.⁸

In addition, all formulations of the Pill cause alterations to cervical mucus. The cervical mucus may become thicker and hence make it more difficult for sperm to move through the neck of the cervix.⁹ This presents obvious difficulties when a woman decides to stop taking the Pill in the hope of becoming pregnant.

Both the progestin-only and oestrogen-progesterone formulations act to cause alterations to the lining of the womb, converting the proliferative nature of the endometrium—which is naturally designed to accept and sustain a fertilised ovum—to a secretory endometrium, which is a thin, devascularising lining, physiologically unresponsive to receiving and sustaining a zygote.¹⁰

The Pill also causes changes to the movement of the Fallopian tubes which may alter the time taken for the passage of the ovum and hence reduce the possibility of the ova being fertilised.¹¹

Clearly, when you tamper with a woman's hormones you are tampering with her most sensitive physiological and psychological processes. By interfering with these vital processes, many profound changes are initiated in a woman's body.

THE PILL AND BREAST CANCER

For the best part of two centuries we have known that sex hormones cause cancer in hormone-dependent tissues, such as in the breast. In 1940, around the time that pharmaceutical oestrogenic chemicals were first appearing on the market, an American woman's lifetime risk of breast cancer was 1 in 20. In 1995 the risk is now 1 in 8. In Australia, it is presently 1 in 14.

"Every study shows an increase now," confirms Carol Ann Rinzler, author of the authoritative book, *Estrogens and Breast Cancer*. Rinzler is especially worried about the youngest users who may take the Pill for four years or longer prior to the birth of their first child. These young women, she explains, have the highest risk of developing cancer from using the Pill, and the highest risk of acquiring sexually transmitted diseases. Teenagers are particularly vulnerable to the potent artificial steroid drugs contained in the Pill. According to a report in the November 1995 *Natural Fertility Management* newsletter, the Pill causes 150 chemical changes in a young woman's body.

The prevailing myth that the Pill is a safe and natural way to correct hormonal imbalances has led to its widespread use in correcting teenagers' menstrual cycles or alleviating painful periods. Puberty has now been medicalised. Even though Nature often requires several years to help balance out a teenager's menstrual cycle, girls as young as 13 who complain of irregularities will all too often be recommended or prescribed the Pill, supposedly to help 'regulate' their periods. Such common practices are both irresponsible and highly dangerous.

Professor Vincent, formerly chief hydrologist at the Department of Hydrology at Paris University, pioneered what has become known as the Bio-electronic Vincent Method of assessing healthy blood and tissue parameters. By conducting tests that measured such indicators as pH, resistance and redox potential in blood, urine and saliva, he was able to determine a subject's general health. When he directed his testing methods to assess the health of women using the Pill, his results were quite shocking. Women on the Pill showed a definite shift of parameters towards a malignant pattern within just a few months of starting to use it!

By the mid-1970s a new test, allowing doctors to identify oestrogen-dependent tumours, established that approximately one-third of breast cancers contain cell chains that hook up with oestrogen molecules. Such tumours are called "oestrogen receptor positive", or "ER+."¹² Very simply, they grow when exposed to oestrogen and shrink when their source of oestrogen is withdrawn. This new technology has allowed epidemiological

The Pill is contraindicated for women with a personal history or family history of:

- Angina pectoris
- Blood clots
- Breast nodules or fibrocystic disease of the breast
- Cancer, known or suspected, of the breast or reproductive organs
- Cigarette smoking
- Depression
- Diabetes
- Epilepsy
- Fibroid tumours of the uterus
- Gall bladder disease or gallstones
- Heart or kidney disease
- High blood pressure
- High cholesterol or triglycerides
- Liver tumours
- Migraines or recurrent headache
- Multiple sclerosis
- Obesity
- Pregnancy-triggered diseases, e.g., jaundice, herpes, chloasma
- Pregnancy, known or suspected
- Recurrent or active hepatitis
- Unusual vaginal bleeding
- Varicose veins (large, swollen, or tender)
- Very irregular menstrual cycles or late menarche
- Women who are currently breast-feeding
- Women over 35, especially if they smoke or suffer from poor circulation

(Source: *Natural Fertility*, by Francesca Naish)

researchers to examine which kinds of breast cancer tumours, ER+ or not ER+, are increasing at a faster rate.

In 1990 a study based on information from the Kaiser Permanente tumour registry in the US revealed that from 1974 to 1985 the nationwide incidence of ER+ breast tumours rose 131 per cent—about five times faster than the incidence of tumours without oestrogen receptors.¹³

In 1995, after publication of a study on trends in cancer incidence and mortality in the United States, Dr Joseph Fraumeni Jr, an epidemiologist at the National Cancer Institute, told the *New York Times* that the rise in tumours that are stimulated by oestrogen (but not in those that do *not* respond to oestrogen) "suggests that some hormonal factor may be involved". Fraumeni's list of possible influences include contraceptives and menopausal hormones, exposure to oestrogen-like compounds in plants, and chlorinated hydrocarbons that act like oestrogens.¹⁴

Dr Max Cutler, a highly respected Los Angeles surgeon, gave a chilling testimony in 1970 at a US Senate hearing which was investigating the Pill. This foremost authority on breast cancer had been performing microscopic studies of biopsy material from patients who had taken oral contraceptives. "I have a series of patients who have had two or three breast biopsies. In some, the biopsies were performed before the patient started to take the contraceptive pill, and a second or third biopsy was performed after the patient had been on the Pill for several years. Study of surgical specimens under these circumstances presents a unique opportunity to observe the tissue changes."¹⁵

As Dr Cutler feared, his biopsies revealed "increased cellular activity, reflecting the stimulating effects of the oestrogen". He testified that "the risk is a potential time-bomb with a fuse at least 15 to 20 years in length...this is a gamble which is difficult to justify because of the large numbers of women at risk. The available evidence, indicating a relationship between the steroid hormones and the induction of breast cancer, suggests that this relationship is dose-related and time-related. The higher the dose given and the longer the exposure, the greater the number of cancers produced..."¹⁶

Dr Cutler's purpose for testifying was to urge that only the lowest effective doses of the Pill be prescribed and for the shortest period of time. Another 17 years would elapse before the US would heed Dr Cutler's prophetic warnings. It was only when Dr Philip Corfman became Director of the Endocrine and Metabolism Division of the FDA that the pharmaceutical industry was persuaded at last to withdraw the high-dose preparations.¹⁷

Since the development of breast cancer is related to length of use, by the late 1980s studies began to reveal the full extent of the

Pill/breast cancer link. Dr Claire Chilvers released a major study in the *Lancet* in 1989. She found that "there was a highly significant trend in risk of breast cancer with the total duration of oral contraceptives".¹⁸ Women using the Pill between 49 and 96 months had a 43 per cent greater risk of developing breast cancer, and women using it for more than 97 months had a 74 per cent greater risk.

This research was further backed up by a paper, published in the *American Journal of Epidemiology* in 1989, that reported a 100 per cent increased risk of breast cancer which extended from 10 years of Pill use down to just three months of use!¹⁹

Another source of support came from Harvard School of Public Health in a review paper published in *Cancer*: "...data combined from case-control studies revealed a statistically significant positive trend in the risk of premenopausal breast cancer for women exposed to oral contraceptives for longer duration. This risk was predominant among women who used oral contraceptives for at least four years before their first-term pregnancy."²⁰

Since the breast tissue of teenage girls is still developing and is particularly sensitive to overstimulation from synthetic oestrogen, the earlier a woman uses the Pill, the greater the risk not only of developing breast cancer but also large tumours—and a worse prognosis. In a study by Olsson (*Cancer*, 1991) it was shown that the Pill caused chromosomal aberrations in the breast tissue of young female users of the Pill.²¹ One study found the most terrifying results: the younger the women were at the time of diagnosis, the greater the possibility they would be dead within five years.²²

John Wilks, author of *A Consumer's Guide to the Pill and Other Drugs*, sums up this scandalous abuse of steroid hormones by stating that, "...given these results, it is not beyond the bounds of reasoned argument to suggest that this situation could be categorised as drug-induced vandalism of the female physiology. Yet little or nothing is heard of this lamentable betrayal of young women's health."²³

Instead of relying upon the Pill to 'regulate' problem periods, girls would be much better off to correct the problem at its source through improved diet, nutritional supplements, exercise and attention to emotional stresses. It would save them from the horrors of breast cancer and the high risk of dying from the disease.

The assault on women's breast health comes not only from the effects of oestrogen but also from progestins. Depo-Provera, an injectable form of synthetic progestin, should be of great concern to women. The *British Medical Journal* reported in 1989 that women who used progestin before the age of 25 increased their relative risk of breast cancer by 50 per cent. For women using it for six or more years, the risk increased significantly to 320 per

Minor (non-life-threatening) Side-Effects of the Pill:

- Allergic reactions
- Breakthrough bleeding
- Decreased immune system function
 - Disturbances in liver function
- Eye disorders, double vision, inflammation
 - Facial and body hair growth
 - Fluid retention and bloating
 - Fungal infections and tinea
 - Hair loss
- Hay fever, asthma, skin rashes
 - Loss of libido
 - Lumpy or tender breasts
 - Migraines
 - Nausea
- Psychological and emotional disorders, depression, mood changes
- Secretions from the breast
 - Skin discolouration
 - Weight gain
- Systemic *Candida* infection (or yeast infection)
 - Urinary tract infection
 - Vaginal discharges, including much greater tendency for vaginal thrush
 - Varicose veins
 - Venereal warts

cent. There is no doubt that progestin also stimulates breast tissue growth.²⁴

THE PILL AND CERVICAL CANCER

The most common cancer in young women is cervical cancer. With the introduction of the Pill, not only have the rates of cervical cancer increased but so has the incidence of sexually transmitted diseases (STDs). The sexual freedom that the Pill ushered in was also responsible for more sexually transmitted infections or venereal diseases. Dr Ellen Grant observed that, "...few of the hundreds of women I examined before the Pill was first prescribed had either cervical or vaginal infections and none of the smears was positive. Now, one in five of my preconception patients, many of whom have taken the Pill for over five years, has had a positive smear—a sign of very early cervical cancer—before they are 40 years old."²⁵

A form of viral infection known as HPV (human papilloma virus), found in genital warts and cervical tissue, has molecular receptor sites within their respective structures which recognise and interact with hormones such as those in the Pill. Not only are the receptors within the cervical tissue adversely influenced by hormones but so are sites within the HPV which infect the same cervical tissue. The hormones stimulate an increase in the self-replication rate of the virus. For Pill users, this constitutes a form of double jeopardy.²⁶ The combination of HPV and the Pill represents a greater increased risk of cervical cancer than does the Pill alone or HPV alone.²⁷

A 1992 study in the *American Journal of Obstetrics and Gynecology* reported that women starting on the Pill at an earlier age were at increased risk of cervical cancer compared with those starting later. The risk was 50 per cent greater for Pill users. Many studies worldwide have shown increases in both squamous carcinoma of the cervix and the rarer adenocarcinoma with prolonged Pill use. Women who have had a positive smear and continue to take hormones are more likely to develop more severe cancer.²⁸ Invasive cervical cancer in young women is another reason for early-age hysterectomy.

In addition, the Pill causes production of a type of cervical mucus which makes it easier for cancer-causing agents to gain access to a woman's body.²⁹

Mineral and vitamin deficiencies, especially deficiencies of folic acid, have been linked with cervical cancer. Such deficiencies are prevalent among hormone-takers and smokers.

THE PILL AND MELANOMAS

The numbers of melanomas have increased sharply among young women in the principal Pill-taking countries of Australia, North America and Europe. It has been found that the tumours, like breast cancer cells, have oestrogen receptors. It has also been

found that women on HRT are also more likely to develop melanomas. The American Walnut Creek study found that Pill and HRT users were more likely to develop melanomas. All the women who developed melanomas under the age 40 had taken the Pill. By 1981, the overall increased risk for Pill users was statistically significant at three times.³⁰

An Australian case-control study, led by Dr Valerie Beral, described how more than five years of Pill use significantly increased the melanoma risk if the Pill had been started 10 years before the cancer was diagnosed. Dr Beral found increases among women who had been given hormones to regulate their periods, as well as hormones in HRT or to suppress lactation.³¹

Stress, zinc deficiency and lack of protective antioxidants increase the chance of developing moles, any of which can change for the worse when hormones are taken.

Based upon international medical research projects on the undeniable relationship between the Pill and various forms of cancer, it is quite puzzling and rather distressing that a government-approved patient information leaflet for the Pill can state the following: "**At present, there is no confirmed evidence from human studies which would indicate that an increased risk of cancer is associated with oral contraceptives.**" (Australian Government-approved drug information for Triferme, produced by Ayerst Laboratories, 1996.) The reality is quite the opposite and the evidence is indisputable.

REGAINING PERSONAL CONTROL OF FERTILITY

Far from emancipating women, the Pill and other steroid hormone variations have condemned them to a life of potentially debilitating health risks and an early grave. We are only just beginning to realise the price we are

paying for being part of a culture where fast food, fast cures and fast sex are predominant.

There are safer, effective birth-control methods available—barrier methods such as diaphragms and low-toxin spermicides and condoms. There is also a highly effective method developed by Francesca Naish, author of the book, *Natural Fertility*.³² Called "Natural Fertility Management", it incorporates various methods to monitor fertile and non-fertile times naturally, rather than override or manipulate them. Women using her technique are becoming highly attuned to their bodies and are not only reclaiming their health but are safely avoiding or achieving conception.

Maintaining choice and control over one's reproductive freedom is the right of each woman in our modern-day culture. However, perhaps it is time for women to rethink the entire Pill issue.

Women are indeed recognising that they have succumbed to a highly successful advertising and propaganda campaign promoting the joys of sexual reproductive freedom. In fact, the hidden

Major Side-Effects of the Pill:

- Disturbance to blood-sugar metabolism (possibly contributing to diabetes or hypoglycaemia)
- Greatly increased chance of suffering a stroke (increasing with age and duration of Pill usage)
- Increased chance of hardening of the arteries and high blood pressure
 - Increased risk of blood clots
- Increased risk of gall bladder disease (gallstones)
 - Increased risk of liver tumours (as duration of Pill usage increases)
 - Osteoporosis
- Possible link with cancer of the endometrium, cervix, ovaries, liver and lungs
- Significantly increased risk of ectopic pregnancy
- Strong probability of more rapid development of pre-existing cancers and progression to cancer of abnormal cells
- Threefold to sixfold increase in risk of heart attack (according to age)

(Source: *Natural Fertility*, by Francesca Naish)

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agenda all along was to curb women's fertility through the use of synthetic hormones in the hope of putting the reins on the overpopulation problem. Along the way, it also spawned a multi-billion-dollar industry for the pharmaceutical companies and medical researchers.

One prominent clinical researcher has compared the Pill to the Vietnam War: "We got into it with the best intentions and now we don't know how the hell to get out."³³

The change that is needed to stop the exploitation of women's health for profit will require women as well as conscientious health professionals to make new, informed, safe choices. The health and well-being of millions of women worldwide and the health of future generations must no longer be sacrificed for any cause.

Note: Part 2 will cover the Pill's links with heart disease, strokes, blood clots, nutritional deficiencies, birth defects and infertility—as well as the Pill's effect on women's psycho-spiritual health.

To be continued next issue...

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This June 1997, Sherrill is giving a series of lectures in southeast Queensland and Tasmania. For more information, contact Light Unlimited (see details on first page).